

Personal Tax Organizer (1040)

<u>Taxpayer Information</u>		<u>Spouse Information</u>	
Last Name.....	_____	Last Name.....	_____
First Name.....	_____	First Name.....	_____
Middle Initial.....	_____	Middle Initial.....	_____
Social Security Number	_____	Social Security Number	_____
Date of Birth.....	_____	Date of Birth.....	_____
Occupation.....	_____	Occupation.....	_____
Work Phone.....	_____	Work Phone.....	_____
Cell Phone.....	_____	Cell Phone.....	_____
Home Phone.....	_____	Home Phone.....	_____
Fax Number.....	_____	Fax Number.....	_____
Email Address.....	_____	Email Address.....	_____
Address.....	_____ Apt _____		
City.....	_____ State _____	Zip _____	
County.....	_____		
Preferred Contact Method	Taxpayer Email <input type="checkbox"/>	Cellphone <input type="checkbox"/>	Text (cell) <input type="checkbox"/>
	Spouse Email <input type="checkbox"/>	Cellphone <input type="checkbox"/>	Text (cell) <input type="checkbox"/>
		Work <input type="checkbox"/>	Home <input type="checkbox"/>
		Work <input type="checkbox"/>	Home <input type="checkbox"/>

Dependent Information					
First Name Last Name	MI Suffix	Social Security Number Relationship	Date of Birth	Months Lived with Taxpayer in current Tax year	Child Care Expense

Child and Dependant Care Provider Expenses – NOTE: This is not Pre-School or Private Tuition					
Child's Name	Provider Name	Address	Telephone	FEIN or SSN	Amount
					\$
					\$
					\$
					\$

Education Tuition and Fees – NOTE: This is for College not Pre-School or Private Tuition				
Students First Name Last Name	MI Suffix	Social Security Number	Year of College (Freshman, Sophomore, etc)	Name of College

Attach all 1098-T form(s) and a list of your qualified education expenses

Please provide ALL supporting documentation

Attach Form(s) W-2 – Wages, Salaries, Tip and Other Compensation		Amount
Employer Name		
_____	_____	\$
_____	_____	\$
_____	_____	\$
_____	_____	\$

Attach Form(s) 1099-R – Distributions from Pensions, Annuities, Retirement, IRAs, etc		Amount
1099-R Payer Name		
_____	_____	\$
_____	_____	\$
_____	_____	\$
_____	_____	\$

Attach Form(s) 1099-NEC – Nonemployee Compensation (<i>previously 1099-MISC box 7</i>)		
1099-NEC Payer Name	Box Number	Amount
_____	_____	\$
_____	_____	\$
_____	_____	\$
_____	_____	\$

Attach Form(s) 1099-MISC – Miscellaneous Income		
1099-MISC Payer Name	Box Number	Amount
_____	_____	\$
_____	_____	\$
_____	_____	\$
_____	_____	\$

Attach Form(s) 1099-INT – Interest Income – Foreign Bank Account: YES <input type="checkbox"/> NO <input type="checkbox"/>		Amount
1099-INT Payer Name		
_____	_____	\$
_____	_____	\$
_____	_____	\$

Attach Form(s) 1099-DIV – Dividend Income		Amount
1099-DIV Payer Name		
_____	_____	\$
_____	_____	\$
_____	_____	\$
_____	_____	\$

Attach Form(s) 1099-B, 1099-S – Sales of Stocks, Bonds, Real Estate, etc
 Please use our Stock Sales Organizer if the brokerage statement(s) does not include all of the below information

Name of Stock	Shares	Purchase Date	Purchase Cost	Date of Sale	Sale Price
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Other Government Forms to attach:

Form(s) 1099-G: Certain Government Payments, Schedule K-1s: Partnership, S-Corporation, Trust or Estate Income, Form(s) W-2G: Gambling or Lottery Winnings, Form(s) 1099-Q: Payments from Qualified Education Programs

Social Security Benefits Income

Attach Form(s) SSA-1099 – Social Security/Railroad Benefits

Other Income:

Preexisting alimony, jury duty, unreported tips, disability income, etc. Business, rentals, farms: Attach income and expenses for any business, rental or farm you own (Organizers available upon request and on our website). Include a list of all new equipment acquired this year, including date of purchase and cost.

Medical and Dental Expenses

	Amount
Prescription medications	\$
Health insurance premiums	\$
Doctors, Dentists, etc	\$
Hospitals, clinics, etc	\$
Eyeglasses and contact lenses	\$
Miles driven for medical purposes	\$
Lab and X-Rays Fees	\$
Other medical and dental expenses:	\$
_____	\$
_____	\$

Taxes

	Amount
Real estate taxes paid on principal residence	\$
Real estate taxes paid on additional homes or land).	\$

(DO NOT include real estate taxes on rental properties in this section, use Rental Organizer instead)

Attach Form(s) 1098 – Mortgage Interest Expenses

Lender's Name	Mortgage	or	HELOC	Amount
_____	<input type="checkbox"/>		<input type="checkbox"/>	\$
_____	<input type="checkbox"/>		<input type="checkbox"/>	\$
_____	<input type="checkbox"/>		<input type="checkbox"/>	\$

Charitable Contributions Paid by Cash and/or Check

Attach separate list if more

Name of Charity (501(c)3 organizations)	Amount
_____	\$
_____	\$
_____	\$
_____	\$

